

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO

10 573098

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3		1				
4	1					
5						
6		✓				
7		✓				
8		✓				
9		✓				
10		✓				
11		✓				
12		✓				
13		✓				
14		✓				
15	1					
16	1					
17		✓				
18		✓				
19		✓				
20		✓				
21		✓				
22		✓				
23		✓				
24		✓				
25		✓				
26	1					
27	1					
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50						
TOTAL IND.	0	↓		↓		↓
TOTAL DEP.	53	←		←		←
TOTAL CLAIMS	61					

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						